

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/550209

FILING DATE

APPLICANT(S)

CLAIMS

| | AS FILED | | AFTER 1 ST AMENDMENT | | AFTER 2 ND AMENDMENT | |
|--------------|----------|------|------------------------------------|------|------------------------------------|------|
| | IND. | DEP. | IND. | DEP. | IND. | DEP. |
| 1 | 1 | | 1 | | | |
| 2 | | 1 | | 1 | | |
| 3 | | 1 | | 1 | | |
| 4 | | 1 | | 1 | | |
| 5 | | 1 | | 1 | | |
| 6 | | 1 | | 1 | | |
| 7 | | 1 | | 1 | | |
| 8 | | 1 | | 1 | | |
| 9 | | 1 | | 1 | | |
| 10 | | 1 | | 1 | | |
| 11 | | 1 | | 1 | | |
| 12 | | 1 | | 1 | | |
| 13 | | 1 | | 1 | | |
| 14 | | 1 | | 1 | | |
| 15 | | 1 | | 1 | | |
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| 47 | | 1 | | 1 | | |
| 48 | | 1 | | 1 | | |
| 49 | | 1 | | 1 | | |
| 50 | | 1 | | 1 | | |
| TOTAL IND. | | | 2 | | | |
| TOTAL DEP. | | | 14 | | | |
| TOTAL CLAIMS | | | 16 | | | |

| | AS FILED | | AFTER 1 ST AMENDMENT | | AFTER 2 ND AMENDMENT | |
|--------------|----------|------|------------------------------------|------|------------------------------------|------|
| | IND. | DEP. | IND. | DEP. | IND. | DEP. |
| 51 | | | | | | |
| 52 | | | | | | |
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| 100 | | | | | | |
| TOTAL IND. | | | | | | |
| TOTAL DEP. | | | | | | |
| TOTAL CLAIMS | | | | | | |